

# Certificated Active Employee Rates

All SAUSD employees pay for their medical insurance coverage. *Be sure to look at the appropriate chart for your specific rates.* Your contributions for health insurance are deducted on a *month-to-month* basis for *ten months*, are *pre-tax*, and calculated each pay period, which effectively lowers your tax liability.

**Rates are effective:** July 1, 2021 through June 30, 2022

## Rates for Employees Hired **BEFORE** July 1, 2019

	Medical Rates				Dental Rates		
	Blue Shield Access+ HMO	Blue Shield Spectrum PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
<b>Single Coverage (Employee Only)</b>							
Total Plan Cost	\$821.04	\$1,074.56	\$579.90	\$692.04	\$21.32	\$66.78	\$55.92
SAUSD Pays	-\$755.36	-\$913.37	-\$568.31	-\$650.52	-\$21.32	-\$66.78	-\$55.92
Employee Pays	\$65.68/MO.	\$161.19/MO.	\$11.59/MO.	\$41.52/MO.	\$0.00/MO.	\$0.00/MO.	\$0.00/MO.
<b>Two-Party Coverage (Employee +1 dependent)</b>							
Total Plan Cost	\$1,698.49	\$2,232.51	\$1,198.26	\$1,379.79	\$35.20	\$185.62	\$155.45
SAUSD Pays	-\$1,562.61	-\$1,897.64	-\$1,174.29	-\$1,297.00	-\$35.20	-\$61.91	-\$55.51
Employee Pays	\$135.88/MO.	\$334.87/MO.	\$23.97/MO.	\$82.79/MO.	\$0.00/MO.	\$123.71/MO.	\$99.94/MO.
<b>Family Coverage (Employee +2 or more dependents)</b>							
Total Plan Cost	\$2,446.16	\$3,205.92	\$1,726.91	\$1,956.66	\$52.02	\$252.50	\$211.42
SAUSD Pays	-\$2,250.47	-\$2,725.03	-\$1,692.37	-\$1,839.26	-\$52.02	-\$61.91	-\$55.51
Employee Pays	\$195.69/MO.	\$480.89/MO.	\$34.54/MO.	\$117.40/MO.	\$0.00/MO.	\$190.59/MO.	\$155.91/MO.

## Rates for Employees Hired **AFTER** July 1, 2019

	Medical Rates				Dental Rates		
	Blue Shield Access+ HMO	Blue Shield Spectrum PPO	Blue Shield Trio ACO HMO	Kaiser Permanente HMO	Delta Care USA DHMO	Delta Dental Incentive DPPO	Delta Dental Network DPPO
<b>Single Coverage (Employee Only)</b>							
Total Plan Cost	\$821.04	\$1,074.56	\$579.90	\$692.04	\$21.32	\$66.78	\$55.92
SAUSD Pays	-\$568.31	-\$568.31	-\$568.31	-\$568.31	-\$21.32	-\$66.78	-\$55.92
Employee Pays	\$252.73/MO.	\$506.25/MO.	\$11.59/MO.	\$123.73/MO.	\$0.00/MO.	\$0.00/MO.	\$0.00/MO.
<b>Two-Party Coverage (Employee +1 dependent)</b>							
Total Plan Cost	\$1,698.49	\$2,232.51	\$1,198.26	\$1,379.79	\$35.20	\$185.62	\$155.45
SAUSD Pays	-\$1,174.29	-\$1,174.29	-\$1,174.29	-\$1,174.29	-\$35.20	-\$61.91	-\$55.51
Employee Pays	\$524.20/MO.	\$1,058.22/MO.	\$23.97/MO.	\$205.50/MO.	\$0.00/MO.	\$123.71/MO.	\$99.94/MO.
<b>Family Coverage (Employee +2 or more dependents)</b>							
Total Plan Cost	\$2,446.16	\$3,205.92	\$1,726.91	\$1,956.66	\$52.02	\$252.50	\$211.42
SAUSD Pays	-\$1,692.37	-\$1,692.37	-\$1,692.37	-\$1,692.37	-\$52.02	-\$61.91	-\$55.51
Employee Pays	\$753.79/MO.	\$1,513.55 /MO.	\$34.54/MO.	\$264.29/MO.	\$0.00/MO.	\$190.59/MO.	\$155.91/MO.

**Blue Shield rates include:** Medical, Express Scripts pharmacy, and V.S.P. vision coverage

**Kaiser Permanente rates include:** Medical, Kaiser pharmacy, and V.S.P. vision coverage

### Certificated Employees Hired After July 1, 2018

All Certificated employees hired after July 1, 2018 pay the contracted percentage for medical for two consecutive years. After the two years, they pay the lower hired before rates. For more information about District-Employee contributions, you should refer to the S.A.E.A. contract.